



Pay for Performance: Faculty

To Be Completed by Department									
USC ID:	Name: (Last, First, Middle)						Cl/Slt:		
Title:				Position No.:			Dept. No.:		
Department:						Date Last PFP Awarded:			
Basis:	Current: Base Salary:			Supplement:			Total:		
Recommended Increase: Amount:			Percentage:						
Proposed: Base Salary:			Supplement:			Total:			
Current 9 Mth Conversion Salary:					Proposed 9 Mth Conversion Salary:				
Briefly explain the reasons for the salary increase and/or the salary inequity that the increase is intended to correct:									
Pay for Performance Criteria									
Two or more of the following criteria must be met. <i>Check all that apply.</i>									
<p>Consistently outstanding teaching evaluations.</p> <p>Outstanding record of research, scholarship, or creative activity.</p> <p>Significant academic honors or awards from internal or external sources.</p> <p>To correct a salary inequity or salary compression within a department. Please attach supporting documentation.</p>					<p>A significant record of public or professional service.</p> <p>Retention of an employee who has a bona fide job offer from an employer, either within or outside of state government.</p> <p>To address a job market discrepancy in the discipline, provided there is consistently high performance. Please attach supporting documentation.</p>				
Accounting Information									
Department	Fund	Obj. Class	Analytical	FV	FSO	C	Percent	Amount	
Signatures									
Dean:						Date:			
Provost:						Date:			
Vice President/Chancellor/President:						Date:			
Human Resources Review & Approval:						Eff. Date:			
Payroll:				Semi: Old:			Semi: New:		